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CONFIRMATION NO. 5127

<b>SERIAL NUMBER</b> 10/752,800	<b>FILING OR 371(c) DATE</b> 01/07/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> CTI-SYSTEM
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NO* \*\*\*\*\*

This application is a CIP of 10/385,307 03/10/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>do</i> Initials			

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## TITLE

Cranial remodeling device manufacturing system

<b>FILING FEE RECEIVED</b> 684	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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